<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08/16/10</u>	Address:	613 <u>3 N. CR 1450 E.</u>
Case #:	14F40235		Burnettsville, IN
County:	<u>Cas</u> s		
Operation Operation	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) ite (only)	Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) If the Implementation is the content of the
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: No Structure Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Corrosive Acid: No Structure Corrosive Base:			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudocphedrine Tracking Log ☒ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☒ Other: This report is to be faxed to the following agencies that serve the location: Fire Department: Burnettsvill VFD Fax: 574-826-4338 Health Department: White County Fax: 574-583-1513 Child Protection Service: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.A. Burgess Phone 765-473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.